| No. W 180156 | | Due no later than Mar 31, 2018 | | 2. Regist | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------|---|-----------------------|-----------|---|---------|-------------|--|
| Return to: | | Annual Report Form | | | JOHN HUBBARD | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. HUBBARD SPRAY SERVICES LLC JOHN HUBBARD PO BOX 1295 HAYDEN ID 83835 | | ATHO | 1193 E WHITE CLOUD RD ATHOL ID 83801 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | USA | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER RACHELLE HU | | IUBBARD | 1193 E WHITE CLOUD RD | ATHOL | ID | USA | 83801 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: John Hubbard | | | Date: 01/22/2018 | | | |
| W 180156 | | Name (type or print): John Hubbard | | | Title: Owner | | | |
| Processed 01/22/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |